## 2005 LIMITED LIABILITY COMPANY

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIF

TITLE

NAME

## Jul 25, 2005 8:00 am **ANNUAL REPORT** Secretary of State **DOCUMENT # L04000068821** 07-25-2005 90043 024 \*\*\*\*55.00 JEREMY HINES CONSTRUCTION, LLC Principal Place of Business Mailing Address CHUDUATO 3916 GRAVELLE DR **3916 GRAVELLE DR** PANAMA CITY, FL 32409 PANAMA CITY, FL 32409 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 06282005 Chg-LLC CR2E083 (10/03) ✓ Applied For City & State City & State 4. FEI Number Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HINES, JEREMY L Street Address (P.O. Box Number is Not Acceptable) 3916 GRAVELLE DR PANAMA CITY, FL 32409 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by September 7, 2005 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGRM TITLE ☐ Addition TITLE ☐ Delete ☐ Change HINES, JEREMY L NAME NAME STREET ADDRESS 3916 GRAVELLE DR STREET ADDRESS CITY-ST-ZIP PANAMA CITY, FL 32409 CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

FILED

☐ Change

☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the Information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TILE

NAME

☐ Delete

SIGNATURE: MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE